

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	PHD 98164A	
First Inventor	GERHARD SPEKOWIUS	
Title	DISPLAY DEVICE WITH IMPROVED REPRESENTATION OF THE SHADES OF GREY	
Express Mail Label No.		EV 312 013804 Date 07/09/2003

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 10] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 2]	
5. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 	
ACCOMPANYING APPLICATIONS PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
13. <input checked="" type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: 09/ 622,297

Prior application information: Examiner D.Y. CHOW

Group / Art Unit: 2675

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	or <input type="checkbox"/> Correspondence address below
 PATENT TRADEMARK OFFICE <i>(Insert Customer No. or Attach bar code label here)</i>		

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Country	Telephone	Fax		

Name (Print/Type)	JOHN VODOPIA	Registration No. (Attorney/Agent)	36,299
Signature			Date 07/09/2003

18837 U.S. PRO
 10/616255
 07/09/03

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FEE TRANSMITTAL for FY 2002

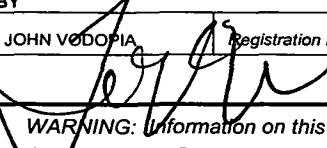
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

Complete if Known	
Application Number	UNASSIGNED
Filing Date	CONCURRENTLY
First Named Inventor	GERHARD SPEKOWIUS
Examiner Name	D.Y. CHOW
Prior Group / Art Unit	2675
Attorney Docket No.	PHD 98164A

07/09/03
14-1270
PHILIPS

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																																												
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="14-1270"/></p> <p>Deposit Account Name <input type="text" value="PHILIPS"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65 Surcharge - late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25 Surcharge - late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130 Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520 For filing a request for reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920* Requesting publication of SIR prior to Examiner action</td><td><input type="checkbox"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840* Requesting publication of SIR after Examiner action</td><td><input type="checkbox"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55 Extension for reply within first month</td><td><input type="checkbox"/></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200 Extension for reply within second month</td><td><input type="checkbox"/></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460 Extension for reply within third month</td><td><input type="checkbox"/></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720 Extension for reply within fourth month</td><td><input type="checkbox"/></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980 Extension for reply within fifth month</td><td><input type="checkbox"/></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160 Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160 Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140 Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510 Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55 Petition to revive - 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<p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20 **</th> <th>= 0</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Multiple Dependent</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <p><input type="checkbox"/> Reduced by Basic Filing Fee Paid <input type="checkbox"/> SUBTOTAL (2) (\$ 750.00)</p>				Total Claims	-20 **	= 0	Extra Claims	Fee from below	Fee Paid	Independent Claims	<input type="text"/>	Multiple Dependent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																																																															
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<p>**or number previously paid, if greater; For Reissues, see above</p>																																																																																																																																																																

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	JOHN VODOPIA	Registration No. Attorney/Agent)	36,299
Signature		Telephone	(914) 333-9627
		Date	3 JULY 2003

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